

# Indiana State Police Clandestine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 4/15/2014

Street: 316 S. 5<sup>th</sup> St.

Incident #: 14-10196

Apt, Lot, Room #:

County: Warrick

City: Boonville

## Type of Laboratory Seizure (check one)

- ☐ Lab Seizure  
☐ Chemical Seizure  
☐ Equipment Seizure  
☒ Dumpsite Seizure

## Seizure Location (check all that apply)

- ☒ Residence ☐ Hotel/Motel  
☐ Outbuilding ☐ Open - No Structure  
☒ Vehicle ☐ Business  
☐ Other: \_\_\_\_\_

Apt., hotel, multi-family dwelling: Shared HVAC: ☐ Yes ☐ No ☐ Unknown

## Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply)

- ☒ One Pot or Birch Reaction(s): \_\_\_\_\_  
☐ Red Phosphorous/Iodine Reaction(s): \_\_\_\_\_  
☒ Hydrochloric Acid Gas Generator(s): \_\_\_\_\_  
☒ Flammable Solvents: \_\_\_\_\_  
☒ Water Reactive Metal (Lithium): \_\_\_\_\_  
☐ Anhydrous Ammonia: \_\_\_\_\_  
☐ Corrosive Acid: \_\_\_\_\_  
☐ Corrosive Base: \_\_\_\_\_  
☒ Ammonium Nitrate/Sulfate: \_\_\_\_\_  
☐ Other (item and location): \_\_\_\_\_

## Child under age 18 discovered (check appropriate)

- ☒ Yes 3 (number present)  
☐ No  
☐ Children not present but evidence they reside or visit often

Living conditions of home: ☐ clean ☒ disarray  
☒ unclean  
Estimated length of time manufacturing had been occurring: 4 months  
Additional Information: \_\_\_\_\_

## Vehicle, Travel Trailer, RV or Watercraft Information:

Owner: Edna Byers  
VIN: 1GCEK14K1PZ134507  
Year: 1993  
Make: chevy  
Model: GK1  
Color: \_\_\_\_\_

## This report has been faxed\* or emailed to the following agencies that serve the location:

Fire Department: ☒ Fax: \_\_\_\_\_  
Health Department County: ☒ Fax: \_\_\_\_\_  
Department of Child Services Hotline: [dcshotlinereports@dcs.in.gov](mailto:dcshotlinereports@dcs.in.gov) Fax: 317-234-7595 or 317-234-7596

For further information regarding this methamphetamine laboratory, contact  
Investigating Officer: B. MCKAIN Phone 812-897-6550

\*This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.